

Name
in
Full

Matthe H Benny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Inaker Neck* ^{Town} *Kent* ^{County}
 Date of death *1908* ^{Month} *Jan* ^{Day} *18* ^{Years} *42* ^{Months} ^{Days}
 Sex *Female* Color or Race *white* Birth-place *Kent Co*
 Occupation *Housewife* Where Residing if not at place of death *Inaker Neck.*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Thomas P. Benny*
 Father's Name *S. Geo. Neal* Father's Birthplace *Kent Co*
 Mother's Maiden Name *Sara R. Stand* Mother's Birthplace *Kent Co*
 Name of person giving information *J. E. L. Neal* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Exhaustion* How long *Some time*
 Immediate *Subacute Pulmonary* How long *About 1 year.*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Frank B. Hines md*
 Address *Chester Town md.*
 This case was reported by *Dr. Hines some time ago.*
 Accident or Suicide? *No*

Bent Chapel.

Quaker Neck

Indoor

Name
in
Full

Alberta Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond neck</u> <small>Town</small>			<u>Stent</u> <small>County</small>			MARYLAND		
Date of death <u>1908</u>		<u>Jan</u> <small>Month</small>	<u>11</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>2</u> <small>Days</small>		
Sex <u>female</u>		Color or Race <u>Black</u>			Birth-place <u>md</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>				Name of Wife or Husband <u>—</u>				
Father's Name <u>Blarence Brown</u>				Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Lizzie Forman</u>				Mother's Birthplace <u>md</u>				
Name of person giving information <u>Blarence Brown</u>				How related to deceased <u>Father</u>				

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<u>Malformation.</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>L. P. Atwell M.D.</u>
		Address <u>Still Pond md</u>
Accident or Suicide? <u>9</u>		

Edman

Name
in
Full

CERTIFICATE OF DEATH

Jessie Gadd Carter

Died at *Rock Hall Md.* Town *Rock Hall* County *Kent* MARYLAND
 Date of death *1908 Jan. 3* Age *-* Months *51* Days *18*
 Sex *Female* Color or Race *White* Birth-place *Kent Co.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Navy Carter* Father's Birthplace *Kent Co.*
 Mother's Maiden Name *Ann Gadd.* Mother's Birthplace *Kent Co.*
 Name of person giving information *Navy Carter* How related to deceased *Father*

CAUSES OF DEATH

85

Primary *Haemorrhage* How long *4 days*
 Immediate *Exhaustion* How long *one day*

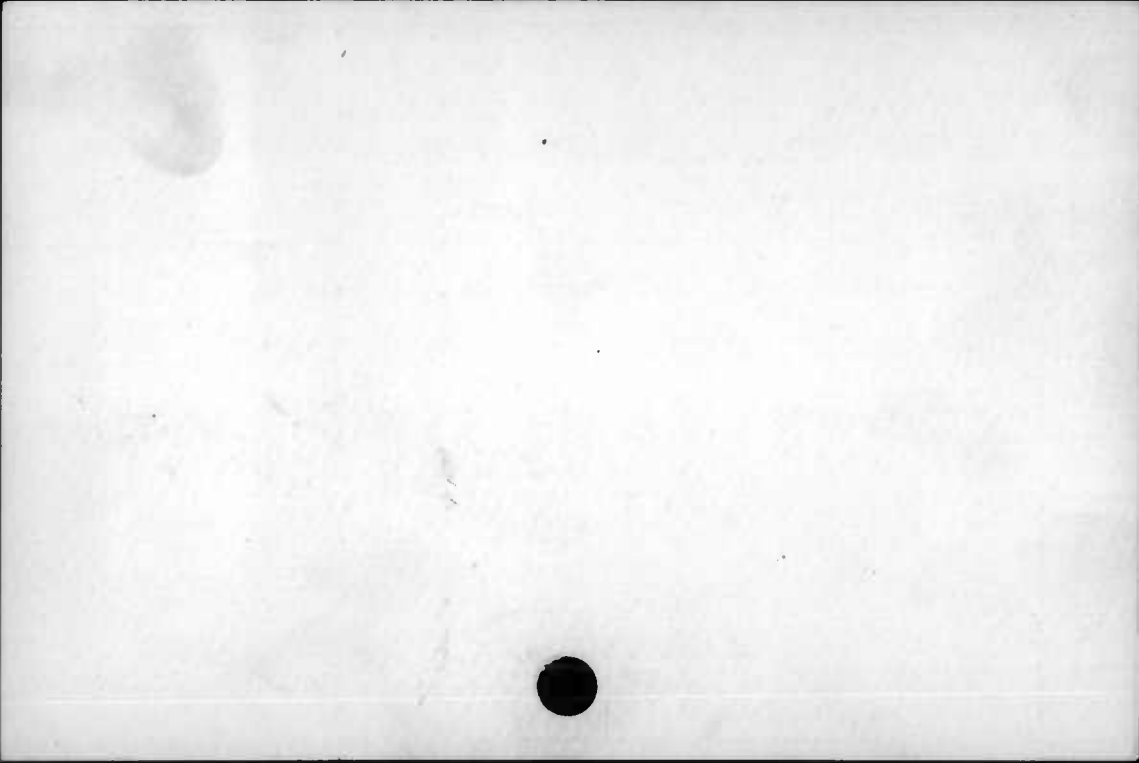
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Walter D. Kelly M.D.*
 Address *Rock Hall, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Hester Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fannee</i> Town		<i>Kent.</i> County		MARYLAND	
Date of death <i>1908.</i>	Month <i>Jan.</i>	Day <i>4.</i>	Age <i>92</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Md.</i>		
Occupation <i>House work.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>William C. Chambers</i>				
Father's Name <i>unknown</i>	<i>Mar.</i>		Father's Birthplace		
Mother's Maiden Name <i>unknown</i>	<i>Mar.</i>		Mother's Birthplace		
Name of person giving information <i>Nathan Brooks</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Infection.</i>	How long <i>10 years</i>
Immediate <i>Pulmonary Oedema.</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank S. Smith</i>
<i>Unattended</i>	Address <i>Fannee Md.</i>
Accident or Suicide?	

Georgetown.

Name
in
Full

Mr. James W. Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Charleston</i>		County <i>Kent,</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908.		<i>Jan.</i>	<i>19.</i>	<i>60</i>	<i>—</i>	<i>—</i>	
Sex	Color or Race		Birth-place				
<i>Male.</i>	<i>White</i>		<i>Kent Co Md</i>				
Occupation	Where Residing if not at place of death						
<i>Brick Mason</i>		<i>✓</i>					
Married, Single or Widowed	Name of Wife or Husband						
<i>Widowed</i>	<i>Johnna Coleman</i>						
Father's Name	Father's Birthplace						
<i>James W. Coleman</i>	<i>Kent Co Md</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Susan A. Rogers</i>	<i>Kent Co Md</i>						
Name of person giving information	How related to deceased						
<i>Mrs. Pearl Rogers</i>	<i>Daughter</i>						

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Frailty</i>	How long	<i>2 Weeks</i>
Immediate	<i>Uremic Poison</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. W. Watah M.D.</i>	
Address		<i>Charleston Md</i>	
Accident or Violence			

J. E. H. Chester Co.

Name
in
Full

Regina M. Copper

CERTIFICATE OF DEATH

Died at		Town Chesutown		County Kent		MARYLAND	
Date of death		Month Jan	Day 7	Age	Years 72	Months	Days
Sex Female		Color or Race White		Birth-place			
Occupation Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband John J. Copper					
Father's Name John W. Jones		Father's Birthplace					
Mother's Maiden Name Bessie Sarah Jones		Mother's Birthplace					
Name of person giving Information		How related to deceased					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Chronic Bronchitis	How long	10 or 12 yrs
Immediate	Uraemia	How long	16 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Harry J. Dodd	
		Address	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Moses C Cook.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

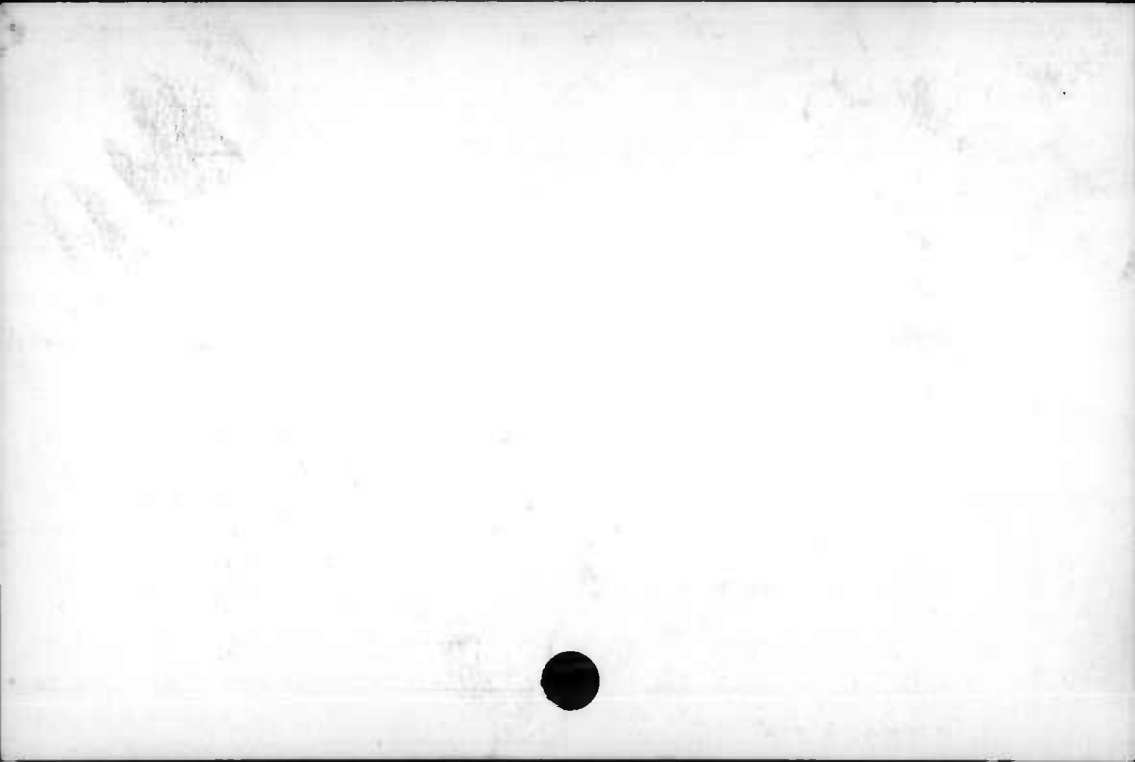
Died at <i>Millington</i>		Town		County		MARYLAND	
Date of death <i>1908</i>		Month <i>January</i>		Day <i>15th</i>		Age <i>46</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Millington Md</i>			
Occupation <i>Iron Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carrie Cook</i>					
Father's Name <i>Moses C. Cook</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary J Mann</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Isabel K Gould</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>One year</i>
Immediate	<i>Comea</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L P Lorman M D</i>	
<i>Yes</i>		Address <i>Millington Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Samuel David Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesetown</u> ^{Town}		<u>Hunt</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> ^{Month}	<u>5</u> ^{Day}	<u>—</u> ^{Years}	<u>3</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Md.</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George Dean</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Margaret Johnson</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>George Dean</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary <u>Opium Poisoning</u>	How long <u>2 days</u>
Immediate <u>Cardiac + Respiratory Paralysis</u>	How long <u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harry L. Dean</u>
<u>Q</u>	Address <u>Chesetown Md.</u>
Accident or Suicide? <u>Accident</u>	

J. E. H. Jones M. E.

Name in Full John Fogwell.		CERTIFICATE OF DEATH	
Died at Town Smithville		County Kent.	
Date of death 1908		Month 1 Day 12 Age 12 Years 12 Months 12 Days 12	
Sex male		Color or Race white	
Occupation _____		Birth-place md.	
Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name Ronnie Fogwell.		Father's Birthplace md.	
Mother's Maiden Name Miss Carrie Rodney.		Mother's Birthplace md.	
Name of person giving information Ronnie Fogwell		How related to deceased Father.	
CAUSES OF DEATH			
Primary Still Borne		How long _____	
Immediate _____		How long _____	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician L. P. Atwell M.D.	
Address Still Pond		md.	
Accident or Suicide? _____			

Wesley Chapple.

Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Yempha Grooms</i>		Town <i>Buttertoun</i>		County <i>Hart-co</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>12th</i>		Age <i>105</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Dont know</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Buttertoun</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Emory Grooms</i>					
Father's Name <i>Shields</i>		Father's Birthplace <i>dont know</i>					
Mother's Maiden Name <i>Yempha Shields</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Nancy Willson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

179

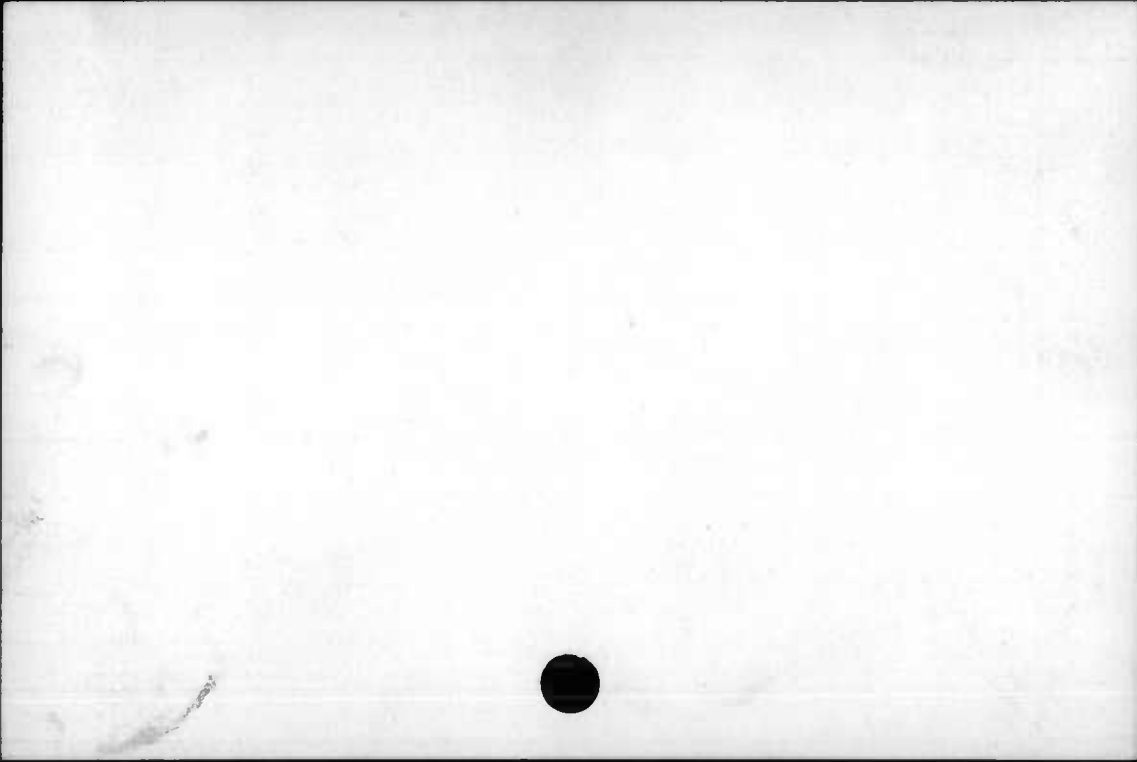
PHYSICIAN
OR CORONER

Primary	<i>General debility.</i>	How long <i>One month,</i>
Immediate	<i>Heart failure.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes,</i>		Signature of Physician <i>Wm. S. Maxwell,</i>
		Address <i>Still Pond, Md.</i>
Accident or Suicide?		

J. E. & Butterson

Name in Full		Mammie Hopkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Charleston</i>		Town <i>Keokuk</i>		County <i>Keokuk</i>		STATE OF <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>31</i>	Age <i>24</i>	Years <i>24</i>	Months <i>7</i>	Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Ind</i>			
	Occupation <i>Housework</i>	Where Residing if not at place of death <i>Edesville</i>					
	Married, Single or Widowed <i>M.</i>	Name of Wife or Husband <i>Levi Hopkins</i>					
	Father's Name <i>Wm. H. Beck</i>	Father's Birthplace <i>Ind</i>					
	Mother's Maiden Name <i>Jessie A. Johnson</i>	Mother's Birthplace <i>Ind</i>					
	Name of person giving information <i>Levi Hopkins</i>	How related to deceased <i>Nephew</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Tubercular Appendicitis</i>		How long <i>36 hours</i>				
	Immediate <i>Septicemia</i>		How long <i>36 hours</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank B. Smith</i>				
	<i>Ind</i>		Address <i>Sairie</i>				
	Accident or Suicide? <i>Ind</i>						

118



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Chesterstown		Kent.		MARYLAND				
		Date of death		1908.	Month	Jan'y.	Day	22.	Age	22.	Months	Days
		Sex		Male.		Color or Race		Black.		Birth-place		Chesterstown Md.
		Occupation		Farm hand.		Where Residing if not at place of death						
		Married, Single or Widowed		Single.		Name of Wife or Husband		none.				
PHYSICIAN OR CORONER		Father's Name		Richard S. Jones.				Father's Birthplace		Chesterstown Md.		
		Mother's Maiden Name		Phoebe Anna Jones.				Mother's Birthplace		Baltimore Co Md.		
		Name of person giving information		Phoebe Anna Hynson.				How related to deceased		Mother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">10</div>												
PHYSICIAN OR CORONER		Primary		"Lagripa"				How long		7 Weeks		
		Immediate		Pneumonia & Emphysema				How long		1 Week		
		Are the name, age, sex, color, date and place correctly given above?		yes.				Signature of Physician		Chas W Whalburg M.D.		
								Address		Chesterstown Md		
		Accident or Suicide?										

J. E. F. James M. E.

Name in Full		Edith Kennard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Christietown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
		Date of death <u>1908</u> ^{Year}		<u>Jan</u> ^{Month}		<u>31</u> ^{Day}	
		Sex <u>Female</u>		Color or Race <u>Col</u>		Birth-place <u>Ned</u>	
		Occupation <u>None</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Unknown</u>			
		Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
		Mother's Maiden Name <u>Jane Kennard</u>		Mother's Birthplace <u>Ned</u>			
Name of person giving information <u>Eliza Kennard</u>		How related to deceased <u>Daughter</u>					
		CAUSES OF DEATH				(154)	
PHYSICIAN OR CORONER		Primary <u>Infirmity of age</u>		How long <u>Several yrs</u>			
		Immediate <u>As therein</u>		How long <u>Several months</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>No Dr Attending</u>			
		Address <u>H. G. Simpson</u>		<u>Christietown</u>			
Accident or Suicide? <u>No</u>		<u>Ned</u>					

J. E. H. Leakey

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William McLaughlin		Town Warton		County Hunt		State MARYLAND	
Died at Warton		Month Jan		Day 4		Age 82	
Date of death 1908		Months —		Days —			
Sex male		Color or Race white		Birth-place U.S.			
Occupation laborer		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Wm McLaughlin		Father's Birthplace U.S.					
Mother's Maiden Name Sarah Collison		Mother's Birthplace U.S.					
Name of person giving information Edw. Collison		How related to deceased Cousin					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Chronic diarrhoea.	How long	2 months.
Immediate	Heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		Wm. S. Maxwell,	
		Address	
		Still Pond, Md.	
Accident or Suicide?			

Union

J. E. To James M. E.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Morton Point Town		Kent County		MARYLAND	
Date of death	1908 Jan	Day 31	Age 5	Months 3	Days 15
Sex	male	Color or Race	Black	Birth-place	Ind
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	—		Name of Wife or Husband —		
Father's Name	John Pierce			Father's Birthplace	Ind
Mother's Maiden Name	Annie Butler			Mother's Birthplace	Ind
Name of person giving information	Joac Pierce son			How related to deceased	friend

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis (?)	How long	2 yrs
Immediate	Exhaustion	How long	several months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	no in attending for post 3 months
Address	116 Sumpers Ave Local Board of Health Chester town, Ind		
Accident or Suicide?	No		

Fairlee

Name
in
Full

Harrison A. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Galena* Town*Kent* County

MARYLAND

Date
of death 1908Month
1stDay
13

Age

Years
2Months
3Days
23Sex *male*Color or
Race*colored*Birth-
place*near Galena*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Wm Mason Reese*Father's
Birthplace*md.*Mother's
Maiden Name*Charles E. Reese*Mother's
Birthplace*md.*Name of person giving
information*Clara E. Ball*How related
to deceased*father**Hm H. Reese*

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary

Dysphoria Larva

How long

3 weeks

Immediate

con vulsigus

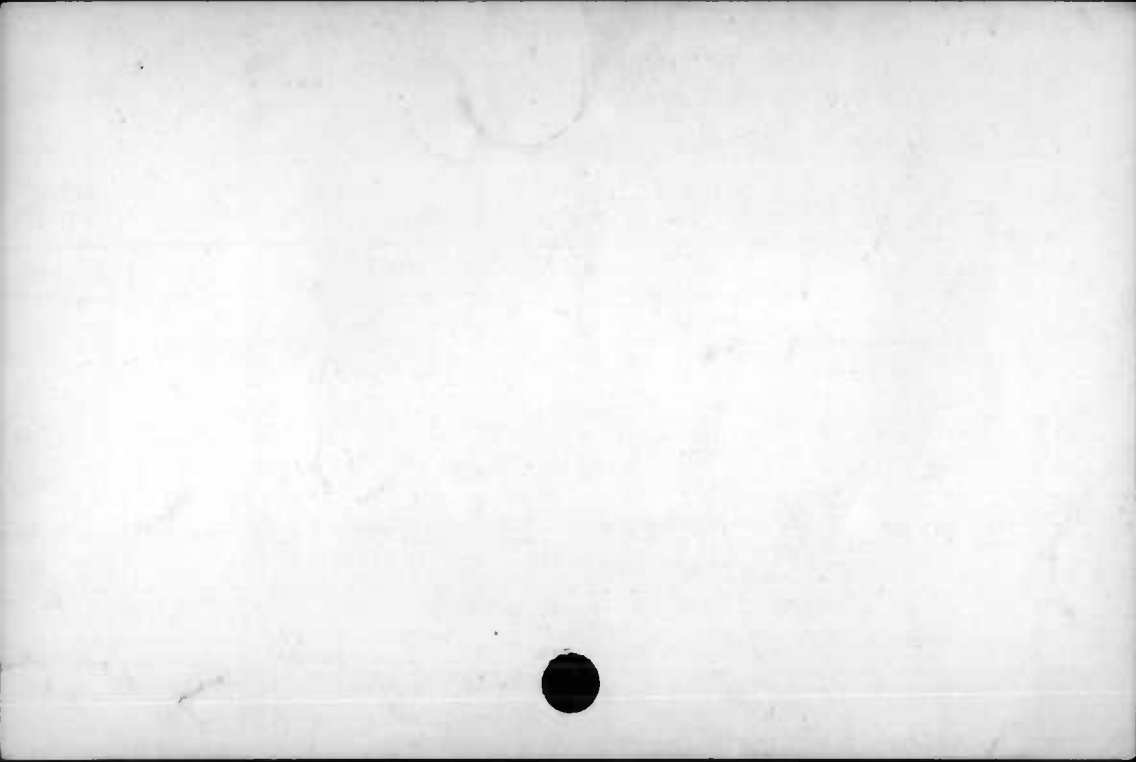
How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Wm L. Reese**Galena**md.*

Accident or Suicide?



Name in Full		Martha Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Christiantown		County		Deek
	Date of death		1908	Month	Jan	Day	27
	Sex		Female		Age		18
	Color or Race		Cauc		Birth- place		Ind
	Occupation		Serrant		Where Residing if not at place of death		—
	Married, Single or Widowed		Single		Name of Wife or Husband		—
	Father's Name		Unknown		Father's Birthplace		Unknown
Mother's Maiden Name		Ruth Smith		Mother's Birthplace		Ind	
Name of person giving In formation		Robt Bailey		How related to deceased		None	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">27</div>							
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		One year
	Immediate		Exhaustion		How long		several weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		No Dr attending
	Address		149 Lumber Ave Local Board of Health Christiantown		Accident or Suicide?		No

Quarry Road, Cambridge

Name
in
Full

Emma States

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

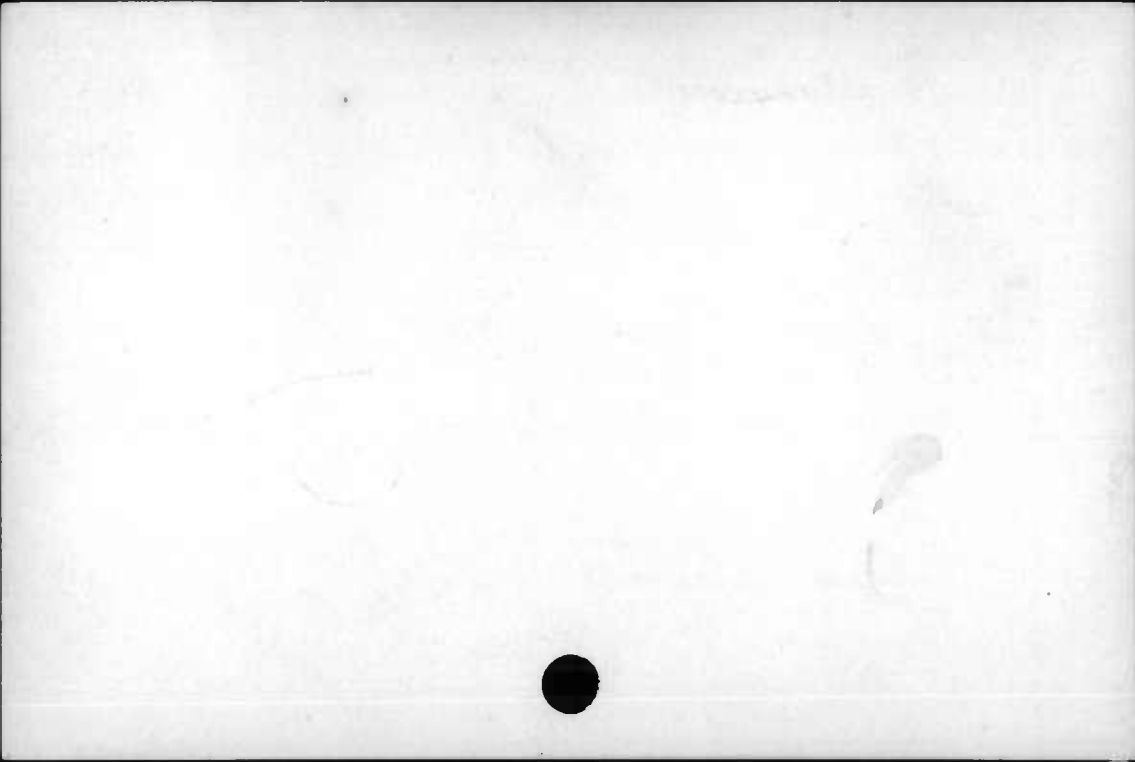
Died at <i>Crumpton</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Jan.</i> ^{Month}	<i>19th</i> ^{Day}	<i>62</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single <i>Married</i>		Name of Wife <i>John States</i> Husband			
Father's Name <i>Henry Bratton</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Mrs Deaton</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>George Clark</i>			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>1 Year</i>
Immediate	<i>Failure of Heart & Lungs</i>	How long	<i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>F. N. Sheppard</i>	
<i></i>		Address <i>Crumpton Md</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Mary Jane Stauffer

CERTIFICATE OF DEATH

Died at ^{Town} Pine Neck near Rock Hall ^{County} Kent

MARYLAND

Date of death 1908 ^{Month} July ^{Day} 10 ^{Age} 82 ^{Years} ^{Months} 10 ^{Days} 1Sex Female ^{Color or Race} White ^{Birth-place} Kent Co MdOccupation Housekeeper ^{Where Residing if not at place of death}Married, Single or Widowed Widow ^{Name of Wife or Husband} Bunkrige P. StaufferFather's Name William H Ashley ^{Father's Birthplace} EnglandMother's Maiden Name Mary Middleton ^{Mother's Birthplace} Kent Co MdName of person giving information David Ashley ^{How related to deceased} Brother

CAUSES OF DEATH

Primary General Debility ^{How long} 3 monthsImmediate Epilepsy ^{How long} 2 days

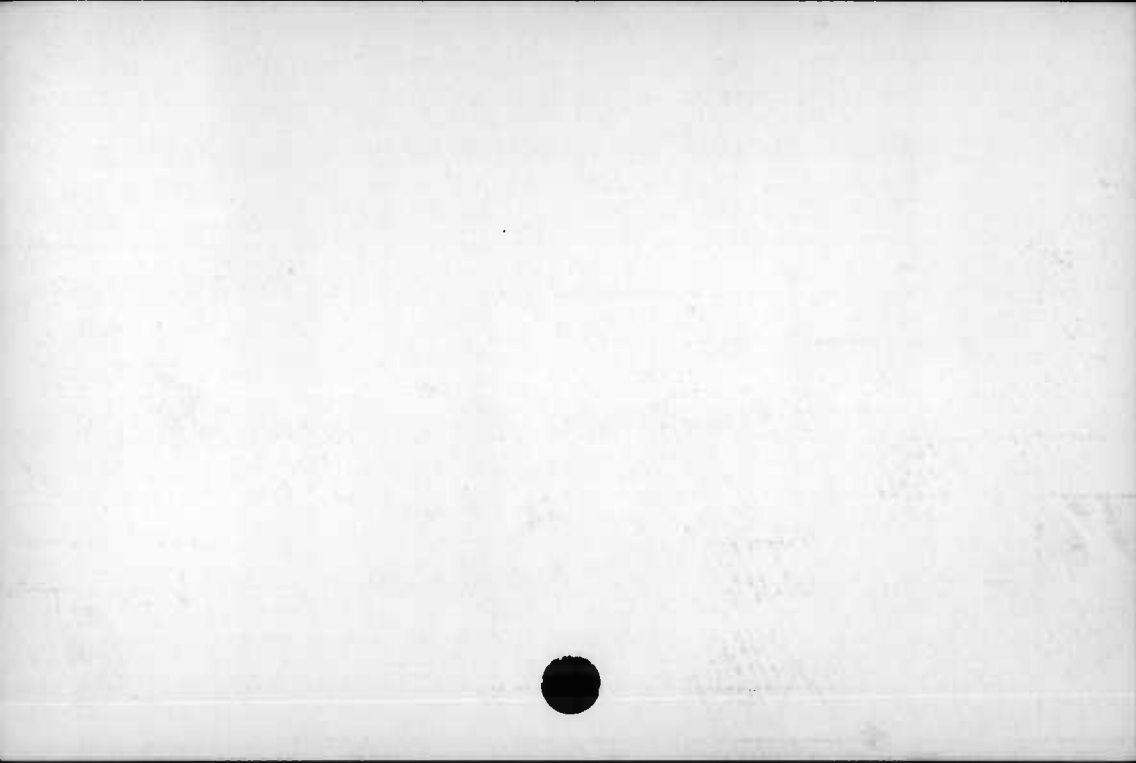
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Wilson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buttletown</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Buttletown</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Edward Wilson Jr.</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Fannie Wilson</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Edward Wilson Jr</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>1</i>	How long <i>✓</i>
Immediate <i>Bronchitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>L. P. Atwell MD</i>
	Address <i>Still Pond Md</i>
Accident or Suicide?	

Butterton